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PTO TRANSMITTAL FORM (to be used for all correspondence after initial filing) SEP 09 2005 PATENT & TRADEMARK OFFICE	Application Number	10/719,510
	Filing Date	November 21, 2003
	First Named Inventor	MAK-FAN, David et al.
	Art Unit	2131
	Examiner Name	n/a
Total Number of Pages in This Submission	Attorney Docket Number	13210-96

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): return receipt card; and copy of publication cited in IDS.
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm	Bereskin & Parr		
Signature			
Printed Name	Kendrick Lo		
Date	September 8, 2005	Reg. No.	54,948

CERTIFICATE OF TRANSMISSION/MAILING			
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Bereskin & Parr

INTELLECTUAL PROPERTY LAW



September 8, 2005

Kendrick Lo B.A.Sc. (Eng. Sci.), MBA, LL.B.
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Your Reference: 10/719,510
Our Reference: 13210-96

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

The Commissioner for Patents
PO Box 1450
Alexandria, Virginia
U.S.A 22313-1450

Dear Sir:

Re: United States Patent Application No. 10/719,510
For: SYSTEM AND MEHTHOD FOR POWERING A PERIPHERAL DEVICE
Applicants: MAK FAN, David. et al.

In accordance with 37 CFR 1.56 and 1.97, subject to the waiver of the requirements of 37 CFR 1.98(a)(2)(i) provided by the United States Patent and Trademark Office Notice dated August 5, 2003, applicant hereby submits a Supplemental Information Disclosure Statement including (1) a listing, on PTO form 1449, all patents and other publications of which the applicant is aware that may be considered material to the patentability of its claimed invention, and (2) a copy of the listed publication.

Please have these documents recorded against the above-mentioned application.

Respectfully submitted,

Kendrick Lo
Registration No. 54,948

/md
Encl.

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Substitute for form 1449B/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT (Use as many sheets as necessary)				Complete if Known	
				Application Number	10/719,510
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				Art Unit	2131
				Examiner Name	n/a
Sheet	2	of	2	Attorney Docket Number	13210-96

NON PATENT LITERATURE DOCUMENTS			
Examiner Initials *	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T ²
		European Search Report June 22, 2004	

Examiner Signature		Date Considered	
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*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹ Applicant's unique citation designation number (optional). ² Applicant is to place a check mark here if English language Translation is attached.

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